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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known			
			Application Number	plication Number 10/619,914		
FEE TRANSMITTAL			Filing Date	July 15, 2003		
for FY 2005			First Named Inventor	Mark. M. LEATHE	Ŕ	
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Aaron M. RICHER		
	(\$) 120.00		Art Unit	2676		
TOTAL AMOUNT OF PAYMENT			Attorney Docket No.	7046-37		
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
Deposit Account Deposit Account Number: 502811 Deposit Account Name: Brown Raysman Fastha above identified deposit account the Director is hearthy outborized to: (shock all that each)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
information and authorization on PTO-2038. FEE CALCULATION						
	G FEES		ARCH FEES	EXAMINA	ATION FEES	
	Small Entity		Small Ent		Small Entity	
Application Type Fee (·		e(\$) <u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)
Utility 300	150	500		200	100	
Design 200 Plant 200	100 100	100 300		130 160	65 80	
Plant 200 Reissue 300	150	500		600	300	
Provisional 200	100	300		0	0	
2. EXCESS CLAIM FEES	100	`	,	Ū	V	Small Entity
Fee Description Fee (\$) Fee (\$)						
Each claim over 20 (including I			50	25		
Each independent claim over 3			200	100		
Multiple dependent claims Total Claims Extra Claims Fee(\$)			For Doid (f)		360	180
Total Claims Extr 25 -20 or HP= 0	<u>a Ciaims </u>	<u>ee(\$)</u> -	Fee Paid (\$)		<u>wiuitipie</u> Fee (\$	<u>Dependent Claims</u>) Fee Paid (\$)
HP = highest number of total claim	_	 than 20	<u> </u>		<u>ree (\$</u>	<u>ree raid (φ)</u>
	-· · -	ee(\$)	Fee Paid (\$)			
2 - 3 or HP= <u>0</u>	x		<u> 0</u>			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = / 50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): Petition Ext of Time 120.00						
COURMITTER DV						
SUBMITTED BY	////		Registration No.			
Signature	///	/	(Attorney/Agent)	24 227	Telephon	e (310) 712-8300
Name (Print/Type) /3.D. HARKIMAN II Date June 19, 2006						
This collection of information is required by 37 CF	R 1.136. The information	n is required to o	btain or retain a benefit by	the public which is to file	(and by the USPTO	to process) an application.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.